



GAS SAFETY & COMPLIANCE COMMISSION



JOB CARD

HiFlo Plumbing 1992 Ltd

OUR JOB #:	HF 22437	Address	18A CHIDERS DALE RD
Client	WATERS		
Phone Number			

Description and Location of the Gasfitting:	INSTALLATION OF TWO 4.5KG BOTTLE STATION, PIPKOUT + FITTING GAS HOB + CALAFLOOT	New Install (Tick)	<input checked="" type="checkbox"/>
		Add To Existing (Tick)	<input type="checkbox"/>

DXRZSASTANDARD Risk Classification	Date(s) Gasfitting Performed	Enter The Specific Date	Date Of Gas Connection
Low <input type="checkbox"/> General <input type="checkbox"/> High <input checked="" type="checkbox"/>	27-4-22		20-7-22

Name, Registration Number (If Any) Of Persons Who Carried Out Gasfitting Under Supervision:
Enter Names And Registration Numbers / None

CYLINDER STATION	
Chained and on Concrete base	<input checked="" type="checkbox"/>
150 below any opening windows	<input checked="" type="checkbox"/>
1500mm from any ignition source	<input checked="" type="checkbox"/>
Regulator pack & cover fitted	<input checked="" type="checkbox"/>
PIPE WORK	
TEST-POINT	<input checked="" type="checkbox"/>
Condensation Drain	<input checked="" type="checkbox"/>
Shut-off valve	<input checked="" type="checkbox"/>
Pipe sizes correct for all appliances	<input checked="" type="checkbox"/>
Copper pipe if exposed to sun	<input checked="" type="checkbox"/>
Yellow pipe sun protected	<input checked="" type="checkbox"/>
Metal pipe ID labelled	<input checked="" type="checkbox"/>
Adequate clipping	<input checked="" type="checkbox"/>
Approved jointing	<input checked="" type="checkbox"/>
Wall penetrations Sleeved & sealed	<input checked="" type="checkbox"/>
INFINITY TYPE WATER HEATERS	
Union Valves Fitted	<input checked="" type="checkbox"/>
Manufacturers clearance Instructions	<input checked="" type="checkbox"/>
Make & Model	RHEEM 27
Gas input	200W
NZ Approved	<input checked="" type="checkbox"/>
High Pressure	<input checked="" type="checkbox"/>
Low Pressure	<input checked="" type="checkbox"/>
Location (roof space, external N,S,E,W wall)	BY GARAGE DOOR
Type of internal flue installation (i.e. Through roof, through gable etc.)	EXTERNAL.

HEATERS	
Instructions & Clearances observed	<input checked="" type="checkbox"/>
Seismic restraints fitted	<input checked="" type="checkbox"/>
Shut-off valve fitted	<input checked="" type="checkbox"/>
Correct flues & clearances	<input checked="" type="checkbox"/>
Roof flashings weather tight	<input checked="" type="checkbox"/>
Flue termination	<input checked="" type="checkbox"/>
BAYONET	
Make & model	
Location	
RANGES	
Shut off valve fitted	<input checked="" type="checkbox"/>
Adequate room size	<input checked="" type="checkbox"/>
Make & model	BOSCH HSB 6SB FQ ID
Gas input	26
Seismic chain restraint fitted	<input checked="" type="checkbox"/>
NZ Approved appliance	<input checked="" type="checkbox"/>
Gas oven	<input checked="" type="checkbox"/>
Electric oven	<input checked="" type="checkbox"/>
Room Name	KITCHEN
NZ Approved appliance	<input checked="" type="checkbox"/>

BOILERS AND LAUNDRY APPLIANCES	
Shutoff valve fitted	<input checked="" type="checkbox"/>
Room ventilation checked	<input checked="" type="checkbox"/>
Make & Model	
Adequate ventilation if required	<input checked="" type="checkbox"/>
Room Name (boiler, Laundry, etc.)	
Correct clearance	<input checked="" type="checkbox"/>
Seismic restraint	<input checked="" type="checkbox"/>
Gas Input	
Laundry exhaust tube	<input checked="" type="checkbox"/>
Boiler flue termination	<input checked="" type="checkbox"/>
Tested Appliances	<input checked="" type="checkbox"/>
TESTING	
Pipe work manometer test pressure	7.2kPa
Test pressure if high pressure installed	
Static Pressure	38kPa
Pressure reading with all appliances going	30kPa
Any leakage at testing corrected	<input checked="" type="checkbox"/>
Installation works ^& test procedures comply with NZ5261=2003	<input checked="" type="checkbox"/>

APPLIANCES SUPPLIED BY

All relevant sections of this sheet signed off before leaving the Job Site And returning to the office for immediate processing as soon as work is complete

INSTALLERS NAME:	KARL SAVAREC	License Number:	20642
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Gas Safety Certificate:

By signing this document I confirm that the work described in this Gas Safety Certificate, and the installation or part installation, is connected to a gas supply and is safe to use.

Name of person authorised to certify the connection: KARL SAVAREC

Registration number: 20642 Date of completion or connection 20-7-22

Certifier Signature: *[Signature]* Date 20-7-22

**SCHEDULE 3
CERTIFICATE OF PRACTICAL COMPLETION**

This certificate is required to be completed, prior to the Owner taking occupation of the dwelling or work.

The Builder shall not be liable for any claim if the Owner makes the final payment under the Building Contract, or take possession of the Works by signing this certificate OR if the Owner fails to make the final payment, including the release of any retentions under the Building Contract upon the completion of the Works.

I. THE BUILDER

Name: McBrimar Construction Ltd
Business Address: 280 Homestead Road, RD 1C, Oamaru 9401

II. THE OWNER

Name: Jacqueline-Anne Walters
Postal Address: 18A Clydesdale Drive, Holmes Hill, Oamaru 9401

III. THE DWELLING / WORKS

Street Address: 18A Clydesdale Drive


IV. COMPLETION NOTICE

The Owner certifies that he/ she has inspected the Works and accepts possession of the Works and further certifies that the Works have been completed in accordance with the Building Agreement, plans specifications and other instructions given by him/her.

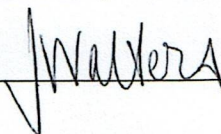
V. MAINTENANCE PERIOD (refer Clause 18)

The Builder will remedy any defects notified by the Owner within 12 months of the date of completion of the Works in terms of sections 362Q, 362R, and 362S of the Building Act 2004.

Date: 29/07/2022

Signature of Builder: 

Date: 29/7/22

Signature of Owner: 



ELECTRICAL SAFETY CERTIFICATE

This certificate is a legally recognisable statement that the electrical installation or part installation is safe to use following prescribed electrical work. Any maintenance, alterations or repairs to the installation has not adversely affected any other part of the installation.

(NF05/165)

Job No..... **RN 47696**
Fault No.....
Works Order No.....

Installation Details

Location Address	35 CLYDESOALE DRIVE DATARU
Owner/Occupier Name	JACQUELINE WALTERS
Postal Address	186 BEACH STREET WAI

Details of Work Connected

This certificate refers to:

The whole Installation
 Part of the installation,
 Metering changes
 Reconnection and/or Supply Restoration

General Description of the Work:

- Polarity and phase rotation tested and correct
- Protection of supply is rated correctly
- The whole or part installation is compatible with the supply system

**FIT METER
4821001211
CARRY OUT
INSPECTION**

Date of Connection:

Reconnection and/or Supply Restoration

Reconnection (*reterminate conductors*) or Supply Restoration (*insert a fuse or close a switch*) to energize an electrical installation can only take place if the following conditions are met:

- a) The owner/consumer must sign a written declaration where there has been no PEW done since last isolated. If less than 6 months since last isolated, no other certifying document is required.
- b) If more than 6 months since last isolated, a Certificate of Verification (COV) in accordance with Section 2 AS/NZS 3019 issued no earlier than 6 months before the required date of supply restoration.
The owner/consumer must sign a written declaration where there has been no PEW done since last isolated. An ESC must be issued stating the installation is safe to use.
- c) If more than 6 months since last isolated, and reconnection or other PEW was done, the following certifying documents are required; (COC) for alterations or new work. (COV) for the existing portion verifying it's safe for continued use. (ROI) for a reconnection or other high risk work and, (ESC) stating it's safe to use.

A Certificate of Supply Restoration (NF05/166) must be completed by any person reconnecting or restoring supply to ensure that all the regulated certifying documents have been issued or viewed.

Certification

I certify that the installation, or part installation, to which this Electrical Safety Certificate applies is connected to a power supply and is safe to use.

Name (please print):	M Hallett	Practising licence number:	I3075
Certifier's signature:	<i>[Signature]</i>	Email:	MARK.H@NETWORKWAITAKI.CO.NZ
Business name:	NWL	Phone number:	027-702-2010

This is an important document and should be retained for a minimum period of 7 years.

This certificate also confirms that the electrical work complies with the building code for the purposes of section 19(1)(e) of the Building Act 2004.



Master Builders New Zealand 10 Year Master Build

Master Build

10 Year Master Build Guarantee

Certificate

After Completion of the Building Contract

Master Build Guarantee No 234291

for the dwelling at 18A Clydesdale Drive, Holmes Hill , Oamaru 9401

Owner

Jacqueline-Anne M Walters

Builder

McBrimar Construction Limited

Acceptance Date of Guarantee

08 Feb 2022

Guarantee cover after completion of the Building Contract:

- Defects in Workmanship and Materials - expires on 29 Jul 2024
- Structural, including Rot and Fungal Decay - expires on 08 Feb 2032

Guarantee expiry date

08 Feb 2032

Maximum Aggregate Cover

The maximum aggregate cover provided for the duration of this guarantee is \$383,500.00.

Transferring your guarantee: Upon sale of your property, the guarantee must be transferred to the new owner(s). This must be completed within 90 days of the settlement date.

This is a summary only and does not provide all inclusions and exclusions of the Guarantee. Please refer to the Terms and Conditions for more detailed information.

Terms and conditions that apply to this Guarantee: V 09/19

Asbuilt Drainage 02/2020 Plan

18A Clydesdale Drive.

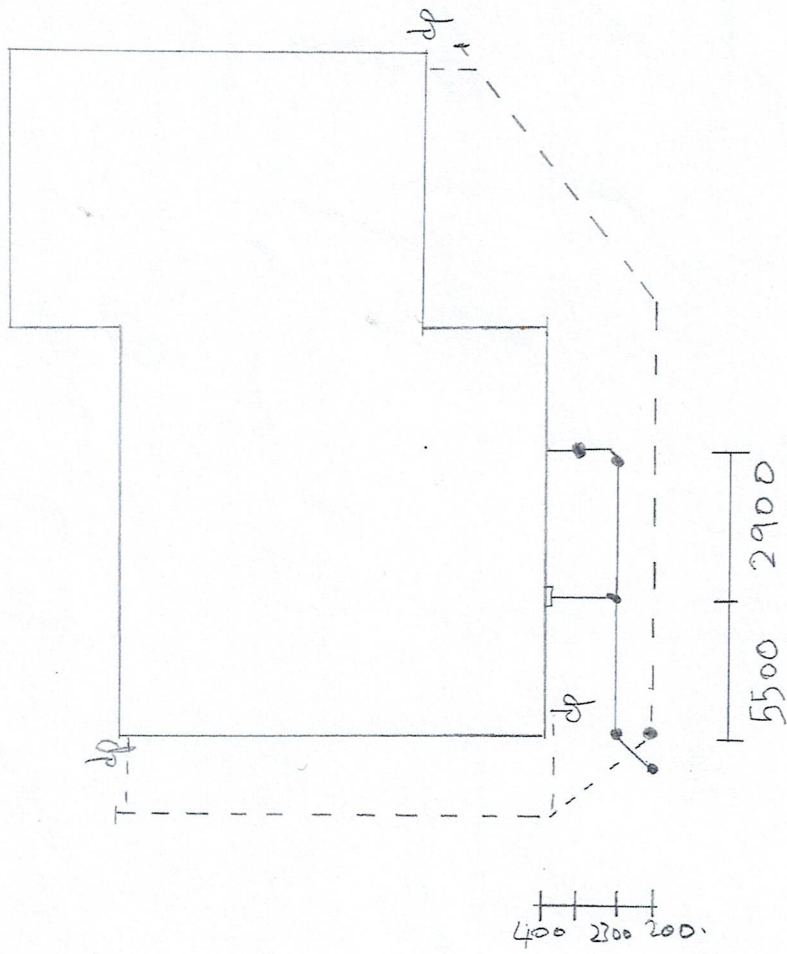
Laser Plumbing for Walters

Contract # 21007685

Rego 15680

100mm UPVC Sewer 1:60

100mm UPVC Stormwater 1:100.



Job # 26902



Waitaki

DISTRICT COUNCIL

TE KAUNIHERA A ROHE O WAITAKI

Waitaki District Council
Private Bag 50058, Oamaru
Tel: 03-433 0300
Fax: 03-433 0358
20 Thames Street, Oamaru
New Zealand

21 October 2022

McBrimar Homes
PO Box 276
Oamaru 9444

Dear Applicants,

Code Compliance Certificate

Building Consent Application: 21007685

Site Address: Clydesdale Drive, Oamaru

Project Description: Lot 35 (18A Clydesdale) 2 bedroom dwelling with attached garage

Please find enclosed your code compliance certificate for building consent 21007685 at Clydesdale Drive, Oamaru.

This certificate is an important document and may be required for insurance purposes or by interested parties when you sell the property. Please file it in a safe place.

If you have any further queries, please address all communications to the Building Department or building@waitaki.govt.nz

Regards

Graham MacLeod
Building Control Officer

On behalf of Waitaki District Council



Form 7

Code Compliance Certificate

Section 95, Building Act 2004

The Building

Street address of building: Clydesdale Drive, Oamaru
Legal description of land where building is located: Lot: 80 DP: 555204
Current, lawfully established, use: Housing Detached Dwelling
Year first constructed: 2022

The Owner

Name of owner: Wansbeck Developments Ltd
Mailing address: PO Box 276, Oamaru 9444

Building Work

Building Consent Number: 21007685
Issued by: Waitaki District Council
Work completed: Lot 35 (18A Clydesdale) 2 bedroom dwelling with attached garage

Amendments

Nil

Code Compliance

The building consent authority named below is satisfied, on reasonable grounds, that:

- The building work complies with the building consent

Attachments

Nil

Graham MacLeod
Building Control Officer

On behalf of Waitaki District Council
Date: 21 October 2022